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## BIB DATA SHEET

CONFIRMATION NO. 4475

<b>SERIAL NUMBER</b> 10/501,559	<b>FILING or 371(c) DATE</b> 07/16/2004 <b>RULE</b> AA	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 060546.3		
<b>APPLICANTS</b> Andrei Feldman, Haifa, ISRAEL; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL03/00043 01/16/2003 AA which is a CIP of 60/348,382 01/16/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b>						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged /AMARA ABDI/ Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> VORYS SATER SEYMOUR PEASE 1828 L STREET NW ELEVENTH FLOOR WASHINGTON, DC 20036						
<b>TITLE</b> Oral implant template						
<b>FILING FEE RECEIVED</b> 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		